

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah McIntosh
Name

(2) 4521 NW 27th Street
Address (number and street)

Lauderhill Florida 33313
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

RECEIVED

NOV 05 2018

CITY CLERK'S OFFICE

(4) Check appropriate box(es):

☒ Candidate Office Sought: Lauderhill City Commissioner Seat 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 20 / 18 To 11 / 1 / 18 Report Type: 2018-G-7

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 100 . 00

Loans \$, , 0 . 0

Total Monetary \$, , 0 . 0

In-Kind \$, , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 0

Transfers to Office Account \$, , 0 . 0

Total Monetary \$, , 0 . 0

(8) Other Distributions

\$, 1 , 936 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 043 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 936 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Sarah McIntosh

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X Sarah McIntosh
Signature

(Type name) Sarah McIntosh

☐ Candidate ☐ Chairperson (only for PC and PTY)

X Sarah McIntosh
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sarah McIntosh (2) I.D. Number _____
 (3) Cover Period 10 / 20 / 18 through 11 / 1 / 18 (4) Page _____ of _____

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sarah McIntosh (2) I.D. Number _____

(3) Cover Period 10 / 20 / 18 through 11 / 1 / 18 (4) Page _____ of _____

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|---|--|----------------|-----------------------------|--------------------------------|-------------------|--------------------|
| (6) Sequence Number | Street Address & City, State, Zip Code | Type | Occupation | Type | Description | Amendment | Amount |
| 10 / 28 / 18 | Nicole Williams | I | Bakery Chef | check | N/A | N/A | 100. ⁰⁰ |
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